U.S.\*Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mendatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U- 12052

3. Name and address of person filing.

D Mattila

P.O. Box, Bldg., Room No., if any 3895 Kandy Drive

Name Evertt

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From

1 / 1 / 2004 Through: 12 / 31 / 2004

4. Name, file number, and address of labor organization.

Labor Organization File Number 12/753

Name Plumbers & Pipefitters Local Union #41

P.O. Box, Building and Room Number, if any P.O. Box 3172

Street		Street	
City Helena		City Butte	
State Montana	ZIP Code + 4 59602	State Montana	ZIP Code + 4 59702
5. Position in labor organization	n. President		
Enter appropriate data belo	ow If, during the past fiscal yoar, you or your (except as specified in the e	spouse or minor child directly or indirect exclusions set forth in the instructions):	ly had any of the following interests
A. Held an interest in, engage monetary value from an em	ged in transactions (including loans) with ployer whose employees your organi	or derived income or other economic cation represents or is actively seek	c benefit of ing to represent.
6. Name and address of Emplo	yer (including trade name, if any).	7.a. Nature of Interest, Transaction	, or Income.
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		7.b. Amount.	
Street			
City			
State	ZIP Code + 4		

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable panalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

On 8/11/2005

(406) 494-3051

Telephone Number

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

ment D Withtas

<ol> <li>Name and address of Employer or Labor Relations Consultant (including trade name, if any).</li> </ol>		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.	

12.b. Amount.

\$3,552